



# HUSKY Health Program Member Handbook

HUSKY A, HUSKY C, and HUSKY D



The HUSKY Health program provides free services to help you communicate with us better. If you need help, language assistance services are available to you. Please call us at 1.800.859.9889 (TTY: 711). We're here Monday through Friday from 8 a.m. to 6 p.m.

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.859.9889 (TTY: 711).

**Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.859.9889 (TTY: 711).

**Polski (Polish)**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.800.859.9889 (TTY: 711).

**繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.859.9889 (TTY: 711)

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.800.859.9889 (TTY: 711).

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.859.9889 (ATS : 711).

**Kreyòl Ayisyen (French Creole)**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.800.859.9889 (TTY: 711).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.859.9889 (телетайп: 711).

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.859.9889 (TTY: 711).

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.859.9889 (رقم هاتف الصم والبكم: 711).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1.800.859.9889 (TTY: 711) 번으로 전화해 주십시오.

### **Shqip (Albanian)**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.  
Telefononi në 1.800.859.9889 (TTY: 711).

### **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.800.859.9889 (TTY: 711) पर कॉल करें।

### **Tagalog (Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.859.9889 (TTY: 711).

### **λληνικά (Greek)**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.800.859.9889 (TTY: 711).

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## IMPORTANT TELEPHONE NUMBERS

Services	Phone Numbers*
HUSKY Health Program Member Engagement Services Monday – Friday: 8:00 a.m. to 6:00 p.m.	1.800.859.9889
DSS Client Information Line and Benefits Center Monday – Friday 7:30 a.m. to 4:00 p.m.	1.855.626.6632
Access Health CT to enroll or renew HUSKY Health coverage Monday – Friday: 8:00 a.m. to 4:30 p.m. During Open Enrollment these hours could be extended	1.855.805.4325
Transportation Services (non-emergency medical) Monday – Friday: 7:00 a.m. to 6:00 p.m.	1.855.478.7350
Behavioral Health Services CT Behavioral Health Partnership (CT BHP) Monday – Friday: 9:00 a.m. to 7:00 p.m.	1.877.552.8247
Dental Services CT Dental Health Partnership (CT DHP) Monday – Friday: 8:00 a.m. to 5:00 p.m.	1.855.283.3682
Pharmacy Services CT Pharmacy Assistance Program Monday – Friday: 8:00 a.m. to 5:00 p.m.	1.866.409.8430
24/7 Nurse Helpline 24 hours a day/365 days a year	1.800.859.9889
Fraud Reporting Hotline Monday – Friday: 8:30 a.m. to 5:00 p.m.	1.866.700.6109
MED-Connect – Premium billing issues only Medicaid for employed individuals with disabilities	1.800.656.6684

\*For the deaf or hard of hearing, please dial 711, or use your Telecommunications or Video Relay Service.

## CHANGES TO YOUR INFORMATION

To report address, phone number, income, or demographic changes, or a change in household members, please visit [www.ct.gov/husky](http://www.ct.gov/husky), click “*For Members,*” then “*Update my Personal Information*” under the “*Member Information*” menu. You may also report changes by calling the Department of Social Services (DSS) Client Information Line and Benefits Center at 1.855.626.6632. **If you are deaf or hard of hearing, please dial 711.**

DSS Field Offices are available to members who need walk-in service, Monday through Friday from 8:00 a.m. to 4:30 p.m.

<b>DSS FIELD OFFICES</b>		
<b>Bridgeport</b> 925 Housatonic Avenue Bridgeport, CT 06606	<b>Middletown</b> 2081 South Main Street, Suite B Middletown, CT 06457	<b>Stamford</b> 1642 Bedford Street Stamford, CT 06905
<b>Danbury</b> 342 Main Street Danbury, CT 06810	<b>New Britain</b> 30 Christian Lane New Britain, CT 06051	<b>Torrington</b> 62 Commercial Boulevard, Suite 1 Torrington, CT 06790
<b>Greater Hartford</b> 20 Meadow Road Windsor, CT 06095	<b>New Haven</b> 50 Humphrey Street New Haven, CT 06513	<b>Waterbury</b> 249 Thomaston Avenue Waterbury, CT 06702
<b>Manchester</b> 699 Middle Turnpike East Manchester, CT 06040	<b>Norwich</b> 401 West Thames Street, Unit 102 Norwich, CT 06360	<b>Willimantic</b> 1320 Main Street, Suite 18 – Tyler Square Willimantic, CT. 06226

## **WELCOME TO THE HUSKY HEALTH PROGRAM!**

Thank you for joining the HUSKY Health program! This handbook will help you understand your HUSKY Health benefits and the services available to you. HUSKY Health is committed to your care. We will help you understand your benefits and provide you with services to help keep you as healthy as possible. Our goal is to help you and your provider work together to make sure you get the best care.

We look forward to hearing from you!

### ***Getting the Most Out of Your Membership***

If you have any questions, please call Member Engagement Services at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m. or send us a [secure email](#).

Member Engagement Services can help you:

- Find a provider and make appointments
- Choose or change a Primary Care Provider (PCP)
- Learn about covered services and how to get them
- Learn about special programs you can use
- Find resources in your community that can help you

Member Engagement Services can give you information about the benefits and services available to you from the HUSKY Health program. We can tell you how the program works and answer any questions you may have. We have many people who speak English and Spanish. If you speak another language, we will get a translator for you.

We have many programs that help members with special healthcare needs. Details about these programs are in this handbook. If you still have questions after you read this handbook, please call us at 1.800.859.9889.

## HOW THE HUSKY HEALTH PROGRAM WORKS FOR YOU

### *Our Website*

Learn about your benefits, services, health conditions, community resources, and the latest information and news from HUSKY Health. To access the site go to [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members**” on the left side of the screen. This will bring you to the **HUSKY Health Member** home page.

### *HUSKY Health Member Home Page*

The member home page of the HUSKY Health website is designed for you. It puts the information you need about your HUSKY Health benefits right at your fingertips.

On this page, you will find links to:

- Member Information – Find important member information. Access the Welcome Brochure, update your personal information, complete your personal Health Risk Questionnaire, and create your new HUSKY Health account to securely access information on your PCP and eligibility. You can also learn more about your right to privacy and how you can report possible fraud.
- Member Benefits – Learn about HUSKY Health benefits and find materials such as the HUSKY Health Member Handbooks, Quick Reference Guides, Benefit Grids, and other important information.
- Find a Doctor – Search the Provider Directory to find a PCP or a specialist in your area.
- Managing Your Care – Learn about Intensive Care Management (ICM) services and care after a hospital stay.
- Health & Wellness – Find information and tools to help you stay as healthy as you can be. Find information about many conditions by selecting “**Your Health Library**” under the “**Health & Wellness**” menu item. Also, find community resources that can help you and your family.

### *Secure Member Portal*

When you log in to the secure member portal, you can see your member information.

You can also:

- View your member details. This includes your name, address, date of birth, and ID number
- See who your PCP is and find out how to get a new one
- Use the HUSKY Health Provider Directory on our website to find providers who participate in the HUSKY Health program (this list is also on the “**Find a Doctor**” page)
- Learn about other programs that you can use
- Find out how to contact us

This portal is **secure**. That means all of your information is safe each time you use it.

## Secure Provider Portal

Providers also have a secure web portal. This lets them see the health services and medicines they have given you in the past. Your PCP can also see health information about you from your other healthcare providers. This includes hospitals, specialists, and pharmacies. It does not include information from your behavioral health providers, unless you agree to it. Your PCP can make better decisions about the type of healthcare you need when they can see your health information from your other providers.

If you do not want your PCP to be able to look at health information about you from your other providers, you can “opt-out.” This means that you let HUSKY Health know that you do not want your PCP to see your health information from other providers.

To opt out, you must tell HUSKY Health in writing. You can download an Opt-Out Request Form by going to [www.ct.gov/husky](http://www.ct.gov/husky), clicking “**For Members,**” “**Member Information,**” then “**Opt-Out Information & Forms.**” You can also contact Member Engagement Services if you need a form mailed to you. The phone number is 1.800.859.9889 or you can [send us a secure email](#).

If you are the head of a household, you may also opt-out for children who are under 18. Anyone age 18 and older must opt-out on their own. You can opt-out at any time.

If you have opted out, you may change your mind. You can cancel your opt-out request at any time. All you need to do is fill out the *Canceling your Opt-Out Request* form. To access this form, go to [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” “**Member Information,**” then “**Opt-Out Information & Forms.**” You can also call us at 1.800.859.9889 or [send us a secure email](#).

## Member ID Card

The HUSKY Health program sends a Member ID card to all new members. Don’t share your card with anyone. When you get your new HUSKY Health Member ID card, look for your name. If your name is wrong, follow the steps on **page 1** of this handbook under **CHANGES TO YOUR INFORMATION**. You may also call the DSS Client Information Line and Benefits Center at 1.855.626.6632 or Member Engagement Services at 1.800.859.9889.

Always keep your Member ID card with you. Show this card each time you go for medical services.

This is a sample Member ID card:

The image shows a sample Member ID card. On the left, there is a vertical strip with the HUSKY Health logo repeated. The main card area contains the following information:

- HUSKY HEALTH CONNECTICUT** logo with a dog mascot.
- JOHN J. SAMPLE**
- 123456789**
- No cost share
- [www.ct.gov/husky](http://www.ct.gov/husky)
- HUSKY A** logo.

On the right side of the card, there is a box with the following text:

Only the person named on this card can use this card to receive services.  
**Use your PCP to coordinate your medical care.**

Member Engagement Services	1.800.859.9889
Behavioral Health Services	1.877.552.8247
Dental Health Services	1.855.283.3682
24/7 Nurse Helpline	1.800.859.9889
Transportation	1.855.478.7350
Provider Engagement Services	1.800.440.5071
Pharmacy	1.866.409.8430
Eligibility	1.855.626.6632

**Providers:**  
File claims directly at [www.ctdssmap.com](http://www.ctdssmap.com)

If you do not have a Primary Care Provider, call Member Engagement Services.

DSS will also send you a gray CONNECT card. Please bring this card and your HUSKY Health ID card to all of the services covered by the HUSKY Health program. This includes medical, behavioral health, dental, and pharmacy services.

**For members who also have Medicare Part D pharmacy coverage:** please **only** show your Medicare Part D card and your gray CONNECT card at the pharmacy.

This is a sample CONNECT card:



### ***24/7 Nurse Helpline***

If your provider or your provider's answering service is not available, HUSKY Health gives you a way to contact a registered nurse 24 hours a day, 7 days a week through our 24/7 Nurse Helpline. Skilled nurses are here if you are sick, hurt, or need healthcare advice. They can help you decide what to do.

Our 24/7 Nurse Helpline will:

- Answer your healthcare questions quickly and correctly
- Tell you where you can go to get the care you need
- Teach you about self-care and how to find out what services you can use

Please call 1.800.859.9889 for the 24/7 Nurse Helpline.

### ***Translation Services***

If you call Member Engagement Services, our staff can call an interpreter line when needed. This will let us talk to you in the language you prefer.

If you need to have our written materials translated, we can help. We are able to translate any of our written material into the language you prefer.

If you have trouble seeing, our written materials can be printed with larger words. We can also copy them into braille.

## HOW TO ACCESS YOUR HEALTHCARE SERVICES

### ***HUSKY Health Providers***

You will get all HUSKY Health services from healthcare providers who participate in the HUSKY Health program. You can use the HUSKY Health Provider Directory on our website to find providers who are part of the program. To access the directory, visit [www.ct.gov/husky](http://www.ct.gov/husky), click "**For Members**," then "**Find a Doctor**." You can search for providers in your area. You can also call Member Engagement Services for help with finding providers. Call us at 800.859.9889.

If any of your providers are not in the Provider Directory, you can call them to find out if they participate in the HUSKY Health program. If they are not, tell us about that provider and we can contact them to see if they are willing to join the network.

We can help them enroll so that they can treat HUSKY Health members. If your providers do not want to participate in the HUSKY Health program, we can help you find new providers. We can even help make an appointment for you.

### ***Choosing Your Primary Care Provider***

It is important that you have a Primary Care Provider (PCP). Your PCP is the main source of your healthcare. You should have a good relationship with your PCP. A PCP will know your health history and can follow your healthcare needs as they change over time. You should see your PCP for checkups. You should also see your PCP when you feel sick. It is very important to have a PCP if you have serious healthcare needs or several health problems.

You can call Member Engagement Services to choose a PCP or change the one you currently have. Call us at 1.800.859.9889 Monday through Friday from 8:00 a.m. to 6:00 p.m. or send us a [secure email](#). We can also help you make an appointment to see your PCP.

If you do not choose a PCP, we will assume that the provider you saw in the past is your PCP. To see who your PCP is, visit our secure website at [www.ct.gov/husky](http://www.ct.gov/husky), click "**For Members**," then "**Member Login**." You can change your PCP at any time. Just give us a call.

If you change your PCP, you do not need a new Member ID card. The HUSKY Health ID card you have right now will work for any PCP that you see.

There are different types of medical providers who can be your PCP. They are:

PCP Type	Description	Specialty on the Find a Doctor webpage
Family Practitioner	A medical doctor who cares for all family members.	Family Practitioner
General Pediatrician	A medical doctor who cares for children generally up to age 18 or 21.	General Pediatrician, Pediatric Adolescent Medicine, Pediatric Nurse Practitioner

General Practitioner/Internal Medicine	A medical doctor who offers preventive care and treats a wide range of health problems.	General Practitioner, Internal Medicine, Preventative Medicine
Geriatric Practitioner	A medical doctor who cares for older adults generally age 60 and up.	Geriatric Practitioner, Geriatric Nurse Practitioner
Nurse Practitioner	A registered nurse who has extra training.	Adult Health Nurse Practitioner, Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner (Other), Primary Care Nurse Practitioner, Advanced Practice Registered Nurse
Physician Assistant (PA)	A healthcare professional trained to take care of your medical needs. He or she is supervised by a doctor.	Physician Assistant, Primary Care Physician Assistant, Medical Physician Assistant
Osteopath – Doctor of Osteopathic Medicine (DO)	A medical doctor who offers care to children and adults with a focus on treating both the “mind and body,” the connection between muscles and bones and the causes of disease.	Osteopath
Person-Centered Medical Home (PCMH)	A care team that works together and is led by a PCP. It makes sure you get care from all team members when you need it.	PCMH practices can be found by clicking the “ <b><i>View a list of PCMH Practices</i></b> ” link on the “ <b><i>Find a Doctor</i></b> ” page.

### ***Specialists***

The HUSKY Health program does not require a referral from your PCP to see a medical specialist. An example of a specialist could be an ear, nose, and throat provider. Other examples are a surgeon, allergist, or pulmonary (lung) provider.

You should tell your PCP if you visit a specialist. This will help your PCP keep track of your care. There are also times when a specialist will only see a new patient after he or she is seen by a PCP. If you need a specialist, your PCP or Member Engagement Services can help you. Call us at 1.800.859.9889. You can also use the HUSKY Health Provider Directory to find a specialist.

### ***Second Opinions***

You have the right to get a second opinion on any medical diagnosis. There are many reasons you might want to ask for a second opinion. Some reasons are:

- You think there could be better treatments
- You are not getting better even though you have followed your provider’s orders

- The treatment is very serious, like surgery or chemotherapy
- The treatment is long-term or life-long
- The treatment has serious medical risks
- You do not completely trust your provider’s advice

Getting a second opinion may give you more details about your diagnosis. It will help you feel that you are making the best decision possible when it comes to your treatment. You can get a second opinion at no cost. If you need help finding a provider for a second opinion, call us at 1.800.859.9889.

## **HUSKY HEALTH BENEFITS**

Below, you will find a summary of your HUSKY Health benefits. These services are available to you at no cost.<sup>1</sup> They must be medically necessary in order to receive them. “Medically necessary” means medical, dental, and behavioral health services needed to:

- Keep you as healthy as possible
- Improve your health
- Find or treat an illness
- Help you get better after getting hurt
- Help you function on your own

Medically necessary services must meet standards for quality medical care. They must:

- Be the right type, level, amount, or length for you
- Be given in the right healthcare setting
- Not be provided only to make things easier for you or for a provider
- Cost no more than a different service that would get the same results
- Be based on your medical condition

Some of the covered goods/services, like radiology, might need prior authorization (pre-approval). This means that your provider must first get prior authorization from the HUSKY Health program before you get the service. Some services, like preventive care, do not need prior authorization. If a service needs prior authorization, you do not have to contact the HUSKY Health program. Your provider will do that for you.

HUSKY Health will only make a payment for services to a provider who participates in the HUSKY Health program. If you need help finding a participating provider, please call Member Engagement Services at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m.

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<sup>1</sup> If you are dually-eligible, meaning you have both Medicare and Medicaid, you may have a co-payment at the pharmacy. Please see the *Pharmacy* section for more information.

The information below is a guide to understanding your benefits. It is a general list and does not name every service that is covered or all of the rules for each service. That information can be found in the Medicaid regulations and policies.<sup>2</sup> If you have any questions about whether or not a service is covered, or if you would like more information about your benefits, go to [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” “**Member Benefits,**” then “**Medical.**” There you will find the **HUSKY Health Benefit Grids**. You can also call Member Engagement Services at 1.800.859.9889. We look forward to helping you any way that we can!

## **GETTING THE RIGHT CARE, AT THE RIGHT TIME, AND AT THE RIGHT PLACE**

### ***Preventive/Routine Care***

Preventive care visits are for healthcare needs such as immunizations (shots), well-visits, and health screens. The goal of preventive care is to keep you healthy. It is recommended that you go to your provider for a routine care (wellness checkup) visit once a year.

If you have a sore throat, flu, cold, headache, stomach virus, or other sickness that could be helped by seeing your provider, you should go in for a routine sick visit. Your PCP is there to help you with these types of needs, so don't wait to make an appointment if you feel sick.

### ***Urgent Care***

Urgent medical problems are conditions or symptoms that need evaluation and/or treatment within 24 hours. These are not emergencies. Examples include fever, a bad cold, and symptoms of an ear infection or persistent cough. If you are having a problem that needs urgent care, please call your PCP to set up an appointment. You may also call the 24/7 Nurse Helpline at 1.800.859.9889 to talk to a nurse about your symptoms. You can also find a list of urgent care centers on our website. Visit [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” “**Find a Doctor,**” then “**View List of Urgent Care Centers,**” you can also call Member Engagement Services at 1.800.859.9889.

### ***Emergency Care***

Emergency care is medical care that is needed right away. Go to the Emergency Room (ER) or call 911 if you have an emergency.

Examples are:

- Bleeding that can't be stopped
- Chest pain
- Severe burns
- Seizures or convulsions
- Other health problems that could cause serious injury or death

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<sup>2</sup> For more information about Medicaid regulations and policies, please visit [www.ctdssmap.com](http://www.ctdssmap.com).

If you go to the ER, bring your HUSKY Health ID card and your CONNECT card. Ask the ER staff to call your PCP or specialist when you arrive. You do not need an authorization for emergency care.

You should always follow up with your PCP after you go to the ER. It is recommended that you call your PCP right after your ER visit and schedule a follow-up visit. This will allow them to check on your recovery and see if there is any change in your condition or medicines. Remember to bring your medication list and the instructions you were given in the ER. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889.

## **COVERED SERVICES**

### ***Ambulatory Surgery***

An ambulatory surgery center is a healthcare facility that provides surgery and certain diagnostic services, like a colonoscopy. It is an outpatient setting, so patients do not spend the night. An ambulatory surgery center is not a hospital. These services are not serious enough to be done in a hospital, but are too serious to be done in the provider's office. Ambulatory surgery centers do not provide emergency services. They may focus on one or more of these specialties:

- Dermatology
- Ear, nose, and throat
- Gastroenterology
- General surgery
- Gynecology
- Ophthalmology
- Orthopedics
- Urology

### ***Ambulance***

Ambulance services are 100% covered.

### ***Behavioral Health Services***

The Connecticut Behavioral Health Partnership (CT BHP) can help you find the mental health and/or substance use disorder services you need.

How to reach the CT BHP:

- Call their Customer Service department at 1.877.552.8247, Monday through Friday from 9:00 a.m. to 7:00 p.m. If you are deaf or hard of hearing, call 711
- Visit their website at [www.ctbhp.com](http://www.ctbhp.com)

Behavioral Health services include:

- Inpatient hospital care for mental health problems
- 23-hour observation

- Inpatient detoxification
- Partial hospitalization
- Outpatient services provided by hospitals, freestanding clinics, and behavioral health providers in independent practice
- Medications for behavioral health conditions
- Counseling to help you stop smoking
- Extended day treatment
- Crisis stabilization beds for children and adolescents
- Emergency Mobile Psychiatric Services (EMPS) for kids
- Psychiatric Residential Treatment Facility
- Residential treatment center for children
- Autism and assessment treatment services
- Adult and child group homes
- Home-based services
- Case management
- Intensive outpatient services
- Electroconvulsive Therapy
- Methadone maintenance
- Suboxone treatment
- Ambulatory detoxification
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Psychological testing
- Home health agency services

Behavioral Health providers are doctors, nurses, licensed psychologists, clinical social workers, marriage and family therapists, professional counselors, or alcohol and drug counselors. They can help you get treatment. You do not need a referral to get mental health or substance use disorder services. If your behavioral health provider does not participate in the HUSKY Health program, you can ask him or her to call the CT BHP at 1.877.552.8247. The CT BHP will help your provider join the network.

How to find a behavioral health provider:

- Call the CT BHP at 1.877.552.8247, Monday through Friday from 9:00 a.m. to 7:00 p.m.
- Visit their website at [www.ctbhp.com](http://www.ctbhp.com), click "**For Members,**" "**Member Services Menu,**" then "**Find a Provider**"

### **Chiropractor**

A chiropractor treats problems with your back.

Members under age 21 can get services from an enrolled provider in a private or clinic/health center setting only when it is medically necessary. Your provider will call contact the HUSKY Health program for prior authorization. Once received, the services are completely covered.

Members ages 21 and over can receive certain specific chiropractic services provided only at a Federally Qualified Health Center (FQHC).

### ***Chronic Disease Hospital***

A Chronic Disease Hospital is for people who require long-term care due to a chronic illness or a health condition (such as traumatic brain injury) that needs an intensive recovery program. HUSKY Health must approve a member's stay at a Chronic Disease Hospital.

A chronic illness must be one or more of the following in order for HUSKY Health to consider a member's stay at a Chronic Disease Hospital:

- The illness is permanent
- It leads to a lasting disability
- It is caused by something that cannot be changed with treatment
- A member needs special training to function better
- A member needs long-term care because of the illness

Some members may not have a chronic illness, but a health condition that needs an intensive recovery program. These members may also qualify for this benefit. When members meet the criteria and it is decided that care at a Chronic Disease Hospital is medically necessary, HUSKY Health will cover the hospital stay and services related to it.

### ***Dental Services***

Your dental care is covered under the HUSKY Health program by the Connecticut Dental Health Partnership (CTDHP). The health of your mouth is related to the health of your entire body. This is why it is important to visit your dentist on a regular basis. The CTDHP provides complete dental coverage to help keep your teeth healthy and care for any tooth and mouth problems. Dental services covered under your plan include:

- Prevention services such as cleaning, fluoride, sealants, and X-rays
- Restorative care: fillings and crowns
- Endodontic care: root canal treatment
- Oral surgery and dentures
- Orthodontics (braces) are provided to children under the age of 21 when a dentist or orthodontist determines they are necessary based on a complete evaluation

Some of these services may need prior authorization by your dental provider.

If you need help finding a dentist or making an appointment, please call the CTDHP at 1.855.283.3682 (1.855.CTDental), Monday through Friday from 8:00 a.m. to 5:00 p.m. The CTDHP will help set up your transportation if needed. The CTDHP will also provide care coordination if a member has serious dental problems. If you are deaf or hard of hearing, you can call 711 or use your video relay service. You can also visit the CTDHP website at [www.ctdhp.com](http://www.ctdhp.com).

## ***Dialysis***

Dialysis services are a covered benefit. These services may be provided in a home, clinic, hospital, or institutional setting.

## ***Durable Medical Equipment***

Durable Medical Equipment (DME) is equipment that:

- Can be used over and over again
- Is usually used for medical purposes
- Is generally not useful to a person who isn't sick, hurt, or disabled
- Is non-disposable

Some examples of covered DME are:

- Wheelchairs and accessories
- Walking aides such as walkers, canes, and crutches
- Bathroom equipment such as commodes and safety equipment
- Inhalation therapy equipment such as nebulizers
- Hospital beds and accessories
- Other devices such as Continuous Positive Airway Pressure (CPAP) machines, apnea monitors, and ventilators
- Insulin pumps and glucometers
- Breast pumps

You will need a prescription from your provider for DME. Prior authorization is also needed for many DME items. If prior authorization is needed, your DME vendor will contact the HUSKY Health program.

Other items may be approved for coverage based on each member's case. Your medical equipment provider can call Member Engagement Services at 1.800.859.9889 to find out which supplies are covered.

## ***Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services***

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services is a program to make sure that children, up to age 21, get the care they need to grow up healthy. For a full description of the services available under EPSDT see **page 24**.

## ***Emergency Care & Urgent Care Services***

Emergency care is medical care that is needed right away. Go to a hospital Emergency Room (ER) or call 911 if you have an emergency.

Urgent care centers can provide care for non-threatening medical problems that can't wait. To find an urgent care center near you, go to [www.ct.gov/husky](http://www.ct.gov/husky), click on "**For Members,**" "**Find a Doctor,**" then "**View a List of Urgent Care Centers.**"

Reasons to Use the Emergency Room	Reasons to Use Urgent Care
Bleeding that can't be stopped	Common illnesses, such as colds, coughs, flu symptoms, ear infections, sore throats, migraines, fever and skin infections
Chest pains	Minor injuries, such as a twisted or sprained ankle, back pain, minor cuts and burns
Seizures or convulsions	

If you go to the ER or an urgent care center, bring your HUSKY Health ID card and your CONNECT card. Ask the ER or urgent care staff to call your PCP or specialist when you arrive. You do not need prior authorization for emergency care or urgent care. You should always follow up with your PCP after you go to the ER or an urgent care center. It is recommended that you call your PCP right after your ER or urgent care center visit and schedule a follow-up visit. This will allow them to check on your recovery and see if there is any change in your condition or medicines. Remember to bring your medication list and the instructions you were given in the ER or the urgent care center. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889.

You do not need prior authorization to get emergency or urgent care. If you get out-of-state emergency care in an ER, prior authorization is not needed but the facility must participate in the HUSKY Health program in order to be paid for these services. If the provider does not enroll, you may receive a bill for these emergency services. If out-of-state emergency care is needed, you should call your PCP within 24 hours of the ER visit.

Out-of-state emergency care at a **provider's office** is **not** covered. Also, **out-of-country** care is **not** covered, except for Puerto Rico and other U.S. territories,<sup>3</sup> but the facility must agree to participate in the HUSKY Health program in order to be paid for these services. If the provider does not agree to participate, you may receive a bill for these emergency services.

***Emergency Care - Outside of Connecticut and the United States (U.S.)***

Emergency care is covered when you travel outside of Connecticut but are still in the U.S., including Puerto Rico and other U.S. territories. The care must be a true emergency. Also, the hospital and provider need to agree to participate in the HUSKY Health program in order to be paid. If the provider does not agree to participate, you may receive a bill for these emergency services. If you get a bill, please contact Member Engagement Services as soon as you can.

If you are traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY Health does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

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<sup>3</sup> U.S. Territories are: Virgin Islands, Guam, Northern Mariana Islands, and American Samoa

## ***Eye/Vision Care***

Vision care is a covered service that you can receive from ophthalmologists, optometrists, and opticians. Please keep in mind:

- Eye exams are covered
- For members who are under age 21, eyeglasses are covered
- For members who are age 21 or older, only **1** pair of eyeglasses will be covered every 2 years. If there has been a serious change in vision and the member needs a new prescription for eyeglasses, they will be covered
  - **No exception** will be made for eyeglasses that are lost, stolen, or broken
- There are limitations on types of frames and lenses for members of any age

## ***Family Planning***

Family planning services include those that diagnose, treat, and counsel individuals of child-bearing age.

Covered family planning services include:

- Reproductive health exams
- Patient counseling and education related to family planning
- Abortion
- Lab tests to detect the presence of conditions affecting reproductive health
- Screening, testing, treatment, and pre- and post-test counseling for sexually transmitted diseases and HIV
- Contraceptives: a contraceptive can be a pill, patch, medication, condom, or other device used to prevent pregnancy
- Sterilization is covered for members 21 years of age or older. Sterilization includes tubal ligation and vasectomies

Hysterectomies are only covered for medical reasons. They are not covered for family planning.

Treatment for infertility, including but not limited to reversal sterilization, in-vitro fertilization, artificial insemination, cryopreservation, and fertility drugs, are not covered.

## ***Gender Reassignment Surgery***

With gender reassignment, a patient undergoes a series of procedures to change their physical appearance, and often the function of their existing sexual organs, to look like that of the opposite sex. Gender reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical specialists. Members **must** have prior authorization for gender reassignment surgery.

## ***Hearing Aids & Exams (Audiologists)***

Both hearing aids and hearing exams are covered. A prescription from a provider is needed for hearing aids. A medical provider must order a hearing exam.

### ***Home Health Care Services***

Home health agencies will deliver in-home services for those who need them. These services include:

- Skilled nursing visits
- Home health aide assistance, only with the following daily activities: dressing, bathing, oral hygiene, eating, transferring (help with walking or changing a position, like going from sitting to laying down), and toileting
- Maternity visits for individuals who have high-risk pregnancies
- Short-term rehabilitation including physical therapy, speech therapy, and occupational therapy

Prior authorization is needed for some home health services.

Cleaning, companion, or homemaker services are not covered benefits.

### ***Home and Community-Based Waivers***

Connecticut has several home and community-based waiver programs available to assist people with disabilities in Connecticut. For more information or to request an application call 1.866.433.8192.

### ***Hospice***

Hospice provides medical, emotional, and spiritual support during the final stages of an illness that cannot be cured. The goal of hospice is to provide comfort and quality of life. Hospice services are available to members who are terminally ill and where a provider has determined that they have 6 months or less to live.

Hospice services offer treatment aimed at relieving the symptoms of the illness and keeping terminal members as comfortable as possible. Hospice can be provided in an inpatient or outpatient setting. Members have the right to choose this option by filling out a Hospice Election form available through providers. Hospice services include:

- Nursing care
- Physical therapy, speech therapy, and occupational therapy
- Medical social services
- Medication for pain relief and symptom control
- Dietary counseling
- Grief counseling
- Home health aides and homemakers
- Medical supplies and DME
- Short-term inpatient care, including respite care and care for pain control

Prior authorization is needed for inpatient hospice services that last more than 5 days.

Members under the age of 21 do not need to give up their rights for aggressive treatment of the terminal condition if they choose hospice services.

### ***Hospital Services***

Hospital services are covered for both inpatient and outpatient hospital services.

Examples of outpatient hospital services are:

- Cardiac rehabilitation
- Emergency care
- Laboratory work
- Medical checkups
- Radiology services
- Urgent care visits

A hospital inpatient stay will need prior authorization, unless it is for maternity care and delivery.

You should always follow up with your PCP after discharge from the hospital. It is recommended that you call your PCP right away and schedule an office visit. This will allow them to check on your recovery, monitor your response to any treatments, and note any change in your condition or medicines. Remember to bring your medication list and the instructions you were given at the hospital upon discharge. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889.

### ***Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID)***

An ICF/IID is covered for members with developmental or intellectual disabilities. These facilities provide:

- 24-hour supervision
- Ongoing evaluation, health, and rehabilitation services to help an individual reach his or her fullest potential

### ***Laboratory Work***

Laboratory services and diagnostic tests help your provider diagnose or rule out an illness or condition. These tests can be done in a hospital lab, provider's office, or an independent lab. Some testing, including genetic testing, needs prior authorization.

### ***Maternity***

Maternity visits help make sure you have a healthy pregnancy and that you are healthy after the birth of your baby. Prenatal (before birth) and postpartum (after birth) visits are covered. Maternity inpatient stays are also a covered benefit.

HUSKY Health covers childbirth services at a freestanding birth center. Please call Member Engagement Services at 1.800.859.9889 for more information.

### ***Medical Surgical Supplies***

Medical surgical supplies are items that:

- Are disposable – they cannot be used over and over again
- Are used to treat and monitor a medical condition
- May be used after a surgery
- Are generally not useful to a person who isn't sick, hurt, or disabled

Some examples of medical surgical supplies that are covered are:

- Dressings
- Catheters
- Diabetes-related supplies

You will need a prescription from your provider for medical surgical supplies. Some items have a limit to the amount that is covered each month. Prior authorization is needed for many items. If prior authorization is needed, your provider will contact the HUSKY Health program.

### ***Naturopaths***

Naturopathic medicine treats illness using natural treatments such as herbs, diet, and lifestyle changes to heal. While visits to a Naturopath are covered, other treatments and services offered by a Naturopathic provider may not be covered.

- Only members under age 21 can get services from a private provider
- **Members 21 years of age and over can only get these services in a clinic**

### ***Nursing Facilities***

Nursing facilities are also called nursing homes or skilled nursing facilities. These facilities are covered for members who need a higher level of care than can be provided at home. The need for a nursing facility must be certified by a healthcare professional before these services can be provided.

A nursing facility is a licensed facility that provides:

- 24-hour supervision
- Skilled nursing care
- Rehabilitation services

Nursing facility stays need an exam and prior authorization.

### ***Orthotic & Prosthetic Devices***

Orthotic and prosthetic devices are corrective or supportive tools that are made to:

- Replace a missing part of the body
- Prevent or correct physical deformity or malfunctions
- Support a weak or deformed part of the body

An orthotic or prosthetic device is covered when a provider writes a prescription for it. Prior authorization is needed and some age restrictions do apply.

### ***Out-of-State Coverage – Care Outside of Connecticut and the United States (U.S.)***

Non-emergency services delivered outside of Connecticut, and within the U.S., Puerto Rico and other U.S. territories, have to be authorized before you can receive the services. The provider or facility must participate in the HUSKY Health program in order to be paid for services.

- Emergency care is covered when you travel outside of Connecticut but are still in the U.S., including Puerto Rico and other U.S. territories. The care must be a true emergency. Also, the hospital and provider need to agree to participate in the HUSKY Health program in order to be paid. If the provider does not agree to participate, you may receive a bill for these emergency services. If you get a bill, please contact Member Engagement Services as soon as you can.
- If you are traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY Health does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

### ***Oxygen***

Oxygen therapy that has been prescribed by a provider is a covered service unless it is prescribed “as-needed.” The “as-needed” use of oxygen is not covered.

### ***Parenteral/Enteral Supplies***

Parenteral/enteral supplies are items used to deliver liquid nutrition into a vein, the stomach, or the intestine.

Some examples of parenteral/enteral supplies are:

- Feeding tubes
- Infusion pumps

### ***Pharmacy Services***

Pharmacy services are covered under the HUSKY Health program. Most medicines that need a prescription are covered.

If you have questions about your HUSKY Health Pharmacy benefit, you can get answers by:

- Talking to your pharmacist
- Calling the Pharmacy Client Assistance Center toll-free at 1.866.409.8430 or locally at 860.269.2031. The hours are Monday through Friday 8:00 a.m. to 5:00 p.m.

The Pharmacy Client Assistance Center can:

- Find a drugstore near you that participates in the HUSKY Health program
- See if a certain drug or medical item is covered
- Work with your pharmacist to help you get your medicine
- Talk about any questions or concerns you may have

### ***“Over-the-Counter” (OTC) Medications***

Some medicines that you can buy “over-the-counter” (OTC) may be covered when your doctor writes a prescription for them. These include:

- Nutritional supplements for members that need tube feeding or cannot swallow food in any other form
- OTC nicotine replacements, like gum, patches, or lozenges

OTC diabetic supplies that you can get through your pharmacy benefit, like insulin syringes, are covered for all members.

Your provider will always prescribe a generic medicine. To prescribe a brand name, your provider must ask for prior authorization from the Connecticut Pharmacy Assistance Program. Some medicines are considered “non-preferred” medicines. “Non-preferred” medicines need prior authorization before they can be given to you.

- Your medicines are filled by in-state pharmacies that participate in the HUSKY Health program. If you are going to travel out-of-state, you can ask your pharmacy for an early refill of your medicine. By having your prescriptions refilled early, you will not run out while you are away. Early refills due to travel are available once every 6 months.

To find out if your medicine can be refilled early, call the Pharmacy Client Assistance Center at 1.866.409.8430, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Some of your prescriptions may require prior authorization. If you bring a prescription to your pharmacy that needs prior authorization, you will not be able to get a full supply of your prescription. However, the pharmacy may be able to fill a one-time, 14-day temporary supply of the prescription. It is important that your provider give the pharmacy the information it needs in order to fill the entire prescription. Your provider must authorize any refills you may need.

You must show your gray CONNECT card each time you pick up a prescription from the pharmacy. As a HUSKY Health member, you will not have to pay for medicines at the pharmacy unless you also get pharmacy services from Medicare. If you get your pharmacy services from Medicare Part D prescription drug coverage, you are responsible for all Medicare Part D co-pays.

Below are examples of drugs your pharmacy benefit does **not** cover:

- Drugs to treat sexual problems
- Drugs to treat cosmetic conditions
- Drugs to treat obesity
- Experimental drugs
- Fertility drugs

If you have any questions about your pharmacy benefits, or you would like more information, please call the Connecticut Pharmacy Assistance Program at 1.866.409.8430. You can also visit the website at [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” “**Member Benefits,**” then “**Pharmacy**” to learn more.

### ***Physician Services***

Services may be given by a physician and some related health professionals. These include Advanced Practice Registered Nurses (APRNs), certified nurse midwives, and Physician Assistants (PAs) that participate in the HUSKY Health program. Services may be provided in a clinic, private practice, or hospital setting. Covered services include:

- Office visits
- Preventive and sick visits
- Gynecological care
- Obstetrical care, including prenatal visits, labor/delivery, and newborn care
- Allergy care
- Family planning services
- Specialist visits
- Second opinions
- Obesity treatments
  - Obesity treatments are only covered when obesity is caused by an illness or when obesity is making an illness worse. The only types of treatment covered for obesity are surgical treatments.
  - Obesity treatments always require prior authorization.
- Reconstructive surgery
  - Reconstructive surgery is covered to take care of a medical issue. It is not covered for cosmetic reasons.
- Counseling to help you stop smoking or using tobacco.

### ***Podiatry***

Podiatry deals with the medical care of the foot.

- Routine foot care is not covered unless you have a systemic condition, such as diabetes.
- Your provider must say that it is medically necessary. Routine foot care includes services such as trimming of toenails and the treatment of corns and calluses.
- Simple foot hygiene, such as the washing, drying, and moisturizing of feet, is not covered.

### ***Radiology Services***

Radiology services include things such as X-rays, MRIs, CAT scans, PET scans, and ultrasounds. Some radiology services require prior authorization.

### ***Rehabilitation Therapy***

Rehabilitation therapy services\* can be provided within an independent clinic, a hospital clinic, or an office setting. Services are performed by a licensed therapist for people who are disabled or hurt. Some services need prior authorization after a certain number of visits. Services that are covered include:

- Physical therapy
- Speech therapy
- Occupational therapy
- Respiratory therapy
- Audiology

Rehabilitation therapy services provided in an **office setting** are covered only for members:

- Ages 20 and younger
- Who have both Medicaid and Medicare (dually-eligible), and Medicare pays first

Members age 21 and older can get these services through a **clinic, home health agency, or hospital outpatient setting**.

\* For rehabilitation services related to mental health/substance use disorder - see ***“Behavioral Health Services”***

### ***Smoking & Tobacco Cessation***

Individual and group smoking and tobacco cessation counseling is covered to help you stop smoking. The counseling must be done in either a physician’s office or an outpatient clinic setting. Counseling that is given by a behavioral health clinician or in a mental health clinic is covered under your behavioral health benefit. For information about other behavioral health services, visit [www.ct.gov/husky](http://www.ct.gov/husky), click ***“For Members,”*** then ***“Behavioral Health”*** under ***“Member Benefits,”*** or call CT BHP at 1.877.552.8247, Monday through Friday from 9:00 a.m. to 7:00 p.m.

Drugs and OTC nicotine replacement medications like gum, patches, or lozenges are covered under your Pharmacy benefit. To find out more, call the Pharmacy Client Assistance Center at 1.866.409.8430, Monday through Friday from 8:00 a.m. to 5:00 p.m.

### ***Transportation (Non-Emergency Medical)***

As a HUSKY Health member you can get help getting to and from medical, dental, and behavioral health appointments. You are eligible for the most appropriate and least expensive type of transportation to and from your appointment.

Non-emergency medical transportation includes:

- Travel Reimbursement
- Bus
- Taxi/Livery
- Wheelchair van
- Ambulance
- Travel from one facility to another (not a medical emergency). In case of emergency, call 911

If you drive yourself to your appointments you can be reimbursed for some of your travel expenses.

If you are able to take a bus to and from your appointments, you may receive bus passes. Please request bus passes at least 5 business days before your scheduled appointment since they are mailed.

If you cannot ride the bus, you may qualify for a taxi, wheelchair van, or ambulance. Your health care provider must give information on why you need to be transported this way. To schedule transportation to a provider appointment, please call 1.855.478.7350, Monday through Friday 7:00 a.m. to 6:00 p.m. To report a complaint about transportation services please call 1.877.558.2437.

Complaints can also be made on the CONTACT US page on the Veyo website.

Forms are available for your healthcare provider to complete at [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” then “**Non-emergency Transportation**” under the “**Member Benefits**” menu item.

Medically Appropriate Mode Form – If a member is unable to ride the bus to their appointment. This explains why someone requires taxi, wheelchair van, or ambulance

Closest Provider Certification – If a member has to travel outside their local area. This explains why you need to see this particular provider.

Companion Request Form – If a member needs a person to ride with an adult to their appointment

Minor Consent to Travel Form – If a member is an unaccompanied minor (age 12-16) and needs to travel without an adult escort or aide.

Mileage Reimbursement Form – If a member qualifies for travel reimbursement

#### Transportation Policies and Procedures for Unescorted Children

- An adult must travel with children under age 16 to appointments. The only exception to this rule is where parents approve their children, ages 12 to 15 only, to ride alone. The parent (foster parent, caretaker, adult relative, or legal guardian) must sign a consent form allowing the child to ride alone. Children who behave inappropriately when traveling alone will have to travel with an adult.
- The child’s parent, foster parent, caretaker, legal guardian, or Department of Children and Families (DCF) worker can escort the child.
- Members ages 16 and older may travel alone without a consent form.

## **EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services is a program to make sure that children, up to age 21, get the care they need to grow up healthy. EPSDT services include well-care visits for children. A well-care visit is when your child sees the PCP for a routine checkup. The reason for the visit is to see how your child is growing and developing.

The EPSDT/well-care visit includes a complete exam. This will include checking your child’s height, weight, vision, hearing, and blood lead levels. Depending on the age and health history of your child, the PCP may also give

your child a shot. The provider can give you advice about your child’s nutritional needs and activity levels. This is also a good time for you to ask questions about your child’s health.

The EPSDT/well-care schedule is based on your child’s age.

Age	Number of WELL-CARE Visits*
NEWBORN TO 9 MONTHS	6 visits, which take place at: 3-5 days 1 month 2 months 4 months 6 months 9 months
12 MONTHS TO 2 ½ YEARS OLD	5 visits, which take place at: 12 months 15 months 18 months 24 months 30 months
3 TO 21 YEARS OLD	One visit per year

*\*At least. More visits may be needed.*

We can help you make appointments for EPSDT services. We also help providers reach out to their patients who are HUSKY Health members who need EPSDT services. This is so that providers can follow up with these members.

We can help you find a provider and set up these EPSDT services:

- Medical checkups, which include reminders to tell you about appointments
- Shots, when needed
- Blood and lab tests, when needed
- Regular vision and hearing checkups
- Health education
- Details about services your child may need

We can also help you set up transportation for your EPSDT appointments. Please see the **Transportation** section on **page 22** to find out how.

Under EPSDT, children may get services that are not available to HUSKY Health adults. Also, limits on the number of visits or services that may apply to adults do not apply to children.

There are EPSDT care management services available. These services help members up to age 21. Please see the **INTENSIVE CARE MANAGEMENT (ICM)** section on **page 26** for more details.

## **SERVICES THAT ARE NOT COVERED\***

Not all services are covered under your benefits. Examples of services that are not covered include:

- Cosmetic or plastic surgery
- Educational services
- Experimental treatments
- Care outside of the U.S., except for Puerto Rico and other U.S. territories
- Out-of-network services
- Physical exams needed for employment, insurance, school, summer camp, etc.
- Services that are not medically necessary
- Sterilization reversal
- Weight reduction programs
- Infertility treatment
- Services outside of Connecticut, except for emergency services or services from border providers (providers in states that border Connecticut) who participate in the HUSKY Health program

\*See policies and regulations for more information.

## **INTENSIVE CARE MANAGEMENT (ICM)**

HUSKY Health offers Intensive Care Management (ICM) services at no cost to members with special health needs as well as members who are pregnant or have recently delivered a baby. The ICM program helps you/your family better understand and take care of your health.

There are nurses, community health workers, and other team members who will work with you and your providers to manage your health conditions and other issues that you may have.

The ICM team can sign you up for the ICM program over the phone. They can also meet with you in person, either in your home, in your provider's office, or through videoconferencing.

During your meeting with ICM staff, you can talk about any worries or health problems you might have. The ICM team wants you to be involved with your care. The nurse will work with you so that you can make a care plan based on the health problems that worry you the most. This care plan may be shared with your PCP so that he or she will know how to help you. This will also help your PCP better understand your goals.

Some common conditions that the ICM team can assist with are:

- Adults and children with special healthcare needs
- Asthma
- Cancer
- Certain social situations, such as homelessness and connecting you to community resources
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain

- Diabetes
- Head or spinal cord injuries
- Heart conditions
- Immune system disorders
- Kidney disease
- Major burns
- Mental illness, such as depression and substance abuse
- Neurological conditions
- Newborns in the Neonatal Intensive Care Unit (NICU)
- Pregnancy and after delivery
- Sickle cell disease
- Transplants

The ICM team will work with you and your providers to answer any of your health questions.

They can also help you:

- Learn more about your illness or condition
- Make appointments or set up other health services
- Set up transportation to your healthcare appointments
- Review your medications so you understand how to take them as ordered by your provider
- Help to ensure that your providers are working together to best manage your care
- Help to ensure that you are getting the right care, at the right place, at the right time

As a HUSKY Health member, you can have your own nurse help you with your healthcare and other important needs.

Your nurse will:

- Call you by phone or videoconference using phone connections so we can see you face-to-face and/or meet with you in person
- Talk to you about your health
- Answer your health questions and give you health education materials
- Stay in touch to help you stay well
- Help you understand the care you need to stay healthy
- Help you talk to your provider about your health concerns
- Work closely with you and your provider to make the best plan that meets your healthcare needs
- Make sure you have the help you need, such as referrals for home care, special equipment, and community resources
- Help you to meet face-to-face with a community health worker to learn more about community resources, such as:
  - Behavioral health services
  - Cancer supports

- Childcare
- Clothing
- Diaper banks
- Disability services
- Domestic violence supports
- Educational supports
- Employment services
- Food
- Holiday supports
- Housing
- Legal services
- Parenting supports
- State benefits
- Utility assistance
- Youth programs

To join the ICM program:

- You may get a letter or call from us asking if you would like to join the ICM program
- Your provider may call and recommend you to one of our nurses
- You can call us at 1.800.859.9889 and ask to join the ICM program

## **SPECIALIZED PROGRAMS**

### ***Transplant Care Management***

Transplant Care Management is a program that supports members who need transplants. Members will be guided through the evaluation, the transplant, and the recovery process. The Transplant Care Manager will work with you to give you details about benefits, providers, and hospitals where transplants are done. They will also tell you what to expect each step of the way.

### ***Healthy Beginnings Maternity Program***

Whether you are pregnant or planning to get pregnant, you want to give your baby a healthy start. Our Healthy Beginnings program was made to help you have a healthy pregnancy and baby. It is important for your health and your baby's health to have regular visits with your provider. The nurse care managers in our Healthy Beginnings program can work with you and your provider to help you understand the changes your body is going through. They can also tell you what to expect during your pregnancy, the birth of your baby, and the 6 weeks after your baby is born.

Some things the Healthy Beginnings program can help you with are:

- Pregnancy testing
- Choice of prenatal care provider (listed in our Provider Directory)
- Nutritional counseling
- Programs, counseling, and medications to help you stop smoking during and after your pregnancy
- Assessment for Women, Infants, and Children (WIC)
- Nurturing Families Network
- Prenatal health education classes for childbirth, breastfeeding, and parenting
- Breastfeeding support from Lactation Specialists
- Newborns in the Neonatal Intensive Care Unit (NICU)

- Hospitalization
- Family planning

### ***Neonatal Intensive Care Unit (NICU) Program***

The NICU program is for babies who are born early or babies who need special care after birth. This program starts when the baby is in the hospital and follows the baby through the first year after discharge from the NICU. Our nurses work with families, hospital staff, and the baby's provider to help these special babies develop.

### ***High-Risk and Chronic Conditions***

Our care management nurses work with members who need help managing a high-risk or chronic condition. We help coordinate care between you and the other members of your healthcare team. We are here to support you and contribute to your health and care.

### ***Healthy Airways – a program for members with asthma***

Under the Healthy Airways program, a nurse care manager will work with you and your provider to help you understand your asthma. The nurse will provide support and education to help you better control your asthma symptoms. This will help you avoid situations that may increase your asthma symptoms and the need for emergency care.

### ***Living Well with Sickle Cell – a program for members with sickle cell disease***

The Sickle Cell program can help members living with sickle cell disease. Your nurse can help you learn the early signs of a sickle cell crisis and work with you and your providers to find the best treatment plan to manage your symptoms. Nurses will provide education and coaching to help you know when to seek medical care as well as assist with your provider's recommendations and treatment plans to help keep you healthy.

### ***Healthy Living with Diabetes – a program for members with diabetes***

The Healthy Living with Diabetes program helps members living with diabetes better understand and control their diabetes. The nurse care manager will work with you and your providers to show you how to prevent or decrease diabetes-related issues to improve your health. Dietitians are available to review and discuss your provider's diet recommendations.

To join any of the specialized programs listed above:

- You may get a letter or a call from us asking if you would like to join the ICM program
- Your provider may call and recommend you to one of our nurses
- You can call Member Engagement Services at 1.800.859.9889 and ask to join the ICM program

## **COMMUNITY RESOURCES**

HUSKY Health will help members find community services by working with DSS and other agencies listed below. To get more details about the programs listed, please call the HUSKY Infoline at 211. You can also call Member

Engagement Services at 1.800.859.9889, or visit [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members,**” then “**Community Resources**” under the “**Health & Wellness**” menu.

### ***Women, Infants, and Children (WIC) Nutrition Program***

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offers many kinds of nutrition services. People who might be eligible include parents, stepparents, guardians, and foster parents of infants and children under the age of 5. Pregnant individuals, individuals who are breastfeeding a child under the age of 1, or those who have had a baby in the past 6 months may also be eligible.

People who apply for WIC must:

- Have a certain income
- Live in Connecticut
- Have legal proof of identity
- Be at nutritional risk

WIC services include nutrition risk assessment, nutrition education, and breastfeeding education and support. Additional WIC services may include debit cards or e-WIC to buy specific nutritious foods at participating stores and referrals to other health and social services.

### ***Healthy Start***

Healthy Start is a program geared towards parent and child health. It offers program members health education and care management services. It also offers help filling out the HUSKY Health application for qualifying pregnant individuals. This program aims to help promote and protect the health of parents and children.

### ***Nurturing Families***

The Nurturing Families program provides home visiting services to new parents who are at-risk for abuse and/or neglect. You will learn how to care for your baby and prepare for the many stresses of becoming a parent.

Social workers help eligible families by teaching them about the needs of their children. They also guide families toward choices that will nurture children in a positive way. Call the Child Development Infoline at United Way at 1.800.505.7000 for more information.

### ***Birth to Three***

This program offers early intervention services to children under the age of 3. These children are either:

- Experiencing a significant developmental delay
- Diagnosed with a physical or mental condition that could result in a developmental delay

Visit [www.birth23.org](http://www.birth23.org) for a list of sites by town.

## ***HUSKY Infoline (211)***

The HUSKY Infoline, or 211, is a free helpline. It gives you information about community services, referrals to human services, and crisis help. Just call 211. You can also visit [www.infoline.org](http://www.infoline.org).

## ***School-Based Child Health Services***

School-Based Child Health Services are special diagnostic and treatment services. They are for children eligible under the Individuals with Disabilities Education Act. These children must have an Individualized Education Plan (IEP).

## ***Educational Health Materials Available to Members***

The HUSKY Health website contains many valuable materials. In addition to information on your HUSKY Health benefits and services, you can find health fact sheets and videos on many topics to help you and your family be as healthy as possible. To access the HUSKY Health library of materials, visit [www.ct.gov/husky](http://www.ct.gov/husky), click "**For Members**," then "**Your Health Library**" under the "**Health & Wellness**" menu.

The HUSKY Health Library features KRAMES Online in English and Spanish. KRAMES Online gives you and your family information on more than 4,500 health topics. It is part of our commitment to make sure you get the care you need, the answers you deserve, and the resources to answer any questions you may have. You can type any keyword into the KRAMES search box to find articles about it. The HealthSheets™ articles, offer helpful and easy-to-understand information about the topic you are looking for.

You can also ask for educational health materials from HUSKY Health. If you would like details on subjects like diabetes, high blood pressure, asthma, preventive care, prenatal care, well-care visits, depression, substance use disorders, or mental illness, please call Member Engagement Services at 1.800.859.9889.

## **MEMBER RIGHTS AND RESPONSIBILITIES**

### ***Your Rights:***

- Be treated with respect, dignity, and regard for your privacy
- Get care, or information about your care, in a timely manner
- Choose or change your provider
- Get help with making an appointment with a provider
- Take an active part in planning your care and making treatment decisions
- Get complete and understandable information about your treatment options, regardless of cost or benefit coverage. Have the chance to talk about those choices with your provider
- Get complete and understandable information on any financial programs that might affect the care that you get from your provider
- Refuse treatment, except when that treatment is required by law
- Get a second opinion
- Get translation services

- Request and review your medical records with your provider
- Make an advance directive
- Confidently exercise your rights
- Receive services regardless of race, color, religion, gender, sexual orientation, age, cultural and ethnic background, or status as a HUSKY Health recipient
- Make a complaint, grievance, and/or appeal
- Be free from retaliation
- Learn about your medical benefits and how to use them
- Correct or change your Protected Health Information and control how it is used
- Contact your provider to advocate for medical services
- File an appeal if the authorization of goods or services is partially or fully denied, suspended, reduced or terminated

Please call us if you have questions about these rights. You can also call us if you would like to file a complaint because you feel your rights have been violated. Our phone number is 1.800.859.9889.

***Your Responsibilities:***

- Give your providers and HUSKY the information they need to better serve you
- Choose a Primary Care Provider (PCP)
- Get regular checkups
- Follow the plan of care that you made with your providers
- Discuss your care with your PCP before seeing a specialist, unless it is an emergency, pregnancy-related, or for family planning
- Keep your appointments, or let your provider know at least 24 hours in advance if you need to cancel or reschedule
- Respect the dignity and privacy of others
- Carry your HUSKY Health cards
- Notify HUSKY Health and DSS if there are changes to your address, phone number, household members, demographic information, or income.

**NONDISCRIMINATION NOTICE**

***Discrimination is Against the Law***

Community Health Network of Connecticut, Inc. (CHNCT) and the HUSKY Health program comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. CHNCT and HUSKY Health do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHNCT and HUSKY Health:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters

- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact HUSKY Health Member Engagement at 1.800.859.9889.

If you believe that CHNCT or the HUSKY Health program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with: HUSKY Health Program, Attention: Member Engagement, P.O. Box 5005, Wallingford, CT 06492, Phone: 1.800.859.9889, Fax: 203.265.3197. You can also go to [www.ct.gov/husky](http://www.ct.gov/husky), click “**For Members**” “**Contact Us**,” then “**send us a secure email**.” You can file a complaint by telephone, mail, fax, or email. If you need help filing a complaint, Member Engagement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## ADVANCE DIRECTIVES

If you are 18 years or older, you have the right to make decisions about your healthcare. There may come a time when you can’t make a decision about your healthcare. This may be because of a serious illness, injury, or other disability. An Advance Directive is a legal document that tells your providers and family what treatments you would like to have and not have if you are not able to tell them yourself.

In Connecticut, there are two types of Advance Directives. They are:

- The living will or healthcare instructions
- The appointment of a healthcare representative

If you would like to make an Advance Directive, you can get the forms and ask for more information by calling the State Department on Aging. The phone number is 1.866.218.6631. You can go online to [www.ct.gov/agingservices](http://www.ct.gov/agingservices) and click on “**Publications**” on the top of the page, and then click on “**Advance Directives/Health Care Planning**” in English or Spanish under “**Other Helpful Publications**.”

The Advance Directive forms are also available at [www.ct.gov/ag](http://www.ct.gov/ag), click "**Constituent Issues**," "**Health and Education**," then "**Connecticut's Living Will Laws**" for forms and answers to your questions. This website only has forms available in English.

## **COMPLAINTS, QUALITY OF CARE, AND ADVERSE INCIDENT REPORTING**

If you aren't happy with how you are being treated by a provider, HUSKY Health staff, or if you can't get an appointment soon enough, you can file a complaint. You should also let us know if you feel that any of your Member Rights have been violated. You can file a complaint in writing and send it to us by mail, email, or fax. You can also let us know by phone. We respond to and look into all complaints.

Some examples of complaints include:

- Being placed on "hold" for a long time when calling your provider
- Having to wait a long time to see your provider
- Finding your provider's office to be unclean
- No handicap access at your provider's office
- Being unable to find a provider who will treat you
- Member Engagement Services staff not being helpful

A quality of care matter is when you think the provider didn't provide the right services for you.

For example:

- You believe you need to have an X-ray, but the provider will not do one
- You believe your condition isn't properly diagnosed, or you believe you were given the wrong medicine
- You unexpectedly develop an infection

A quality of service matter may be when:

- The provider or provider's office staff was rude to you
- The provider didn't return your call
- The provider would not give you a referral

You may also file a complaint if you feel you have experienced an adverse incident. An "adverse incident" is a more serious clinical matter that links directly to you or your child's health or well-being.

Some examples include:

- There was an unexpected death
- You were injured while being treated
- You had a serious reaction to a medicine

When a complaint, quality of care matter, quality of service matter, or adverse incident is filed, the matter is forwarded to a team of registered nurses and administrative staff in the HUSKY Health Quality Management

(QM) department. The nurses look into all complaints about clinical matters, quality of care issues, and adverse incidents. They also oversee the investigation of non-clinical matters by the administrative team.

Depending on what the complaint is about, the nurse may:

- Talk to the member
- Talk to the provider
- Ask for and look over your medical records
- Look over the clinical information/medical records in our databases
- Report the complaint to DSS

The QM department collects and reports all complaints, quality of care, and adverse incident information to the HUSKY Health Quality Committees. The information is used to create quality improvement activities. It is also sent to DSS.

DSS matters such as enrollment, benefits, and fees are sent to DSS by HUSKY Health.

If you want to file a complaint, you can:

- **File a complaint by telephone:**  
Member Engagement Services: 1.800.859.9889
- **Mail complaint to:**  
HUSKY Health Program  
Attn: Member Engagement Services  
P.O. Box 5005  
Wallingford, CT 06492
- **Fax complaint to:**  
203.265.3197 Attn: Member Engagement Services
- **Email a complaint:**  
Go to [www.ct.gov/husky](http://www.ct.gov/husky), click *“For Members,” “Contact Us,”* then *“send us a secure email.”*
- **If you feel that HUSKY Health has not resolved your complaint, you can mail it to DSS:**  
Department of Social Services  
Division of Health Services  
55 Farmington Ave.  
Hartford, CT 06105
- **You can also contact the Office of Healthcare Advocate:**  
Call 1.866.466.4446

## PRIVACY

Protecting your privacy is very important to the HUSKY Health program. We have many safeguards in place to be sure we protect your personal health information. The Department of Social Services (DSS) has created a Notice of Privacy Practices. This notice describes how your health information is shared during our normal daily operations and as required by law. It also defines our privacy rights. If you would like to see a copy of the DSS

Privacy Notice, please visit the **MEMBER PRIVACY** page on our website. You can see this page by going to [www.ct.gov/husky](http://www.ct.gov/husky), clicking "**For Members,**" "**Member Information,**" then "**Member Privacy**" on the right side of the screen.

If you think your health information was wrongly shared, you can write to the DSS Privacy Officer. Send your letter to the address below to make a complaint.

- **Mail complaints to:**  
Department of Social Services  
Attn: Privacy Officer  
55 Farmington Ave.  
Hartford, CT 06105

You can also mail complaints to the Federal Office of Civil Rights. You must do so within 180 days of when the problem happened.

- **Mail complaints to:**  
Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave., SW  
HHH Building, Room 509H  
Washington, DC 20201

Your benefits will not be affected if you make a complaint.

## **APPEALS**

Some services require prior authorization. If HUSKY Health partially or fully denies, suspends, reduces, or terminates authorization of goods or services, you will receive a Notice of Action (NOA). The NOA will tell you why this decision was made. It also tells you how to get a copy of the guidelines used to make the decision. If you do not agree with the decision, the NOA lets you know how to file an appeal.

You or your legally-authorized representative can ask for a verbal appeal by phone or file an appeal in writing by mail, fax, or email. You must appeal within 60 calendar days of the date of the NOA. If you wait longer than 60 days, you will lose your right to appeal the decision.

If you appeal by phone, you still have to send HUSKY Health an appeal request in writing. With your NOA, you will get an Appeal/Administrative Hearing request form. You will also get a *What You Should Know about the Appeals/Administrative Hearing Process* sheet. If you do not have an appeal form, need help completing the form, or have questions about a denial, please call us. The phone number for Member Engagement Services is 1.800.859.9889. Deaf and hard of hearing people can use a TTY by calling 711.

Send your completed form to the Department of Social Services (DSS) by mail or fax:

- **Mail appeals to:**  
State of Connecticut – Department of Social Services (DSS)

Office of Legal Counsel, Regulation and Administrative Hearings  
HUSKY A, C, D and Limited Benefit Appeals  
55 Farmington Avenue, 11<sup>th</sup> floor  
Hartford, CT 06105

- **Fax appeals to:**  
860.424.5729

Your appeal may have to do with goods or services that you have already been getting. If you want to continue to get these goods or services while the appeal process is going on, the form or letter you send must be faxed, postmarked, or received by DSS on or before the date that the planned change (the change you are appealing) takes place. It could also be within **10 days** of the mail date of the NOA – whichever date is **later**.

Before the administrative hearing takes place, HUSKY Health will look over your appeal request first. You or your provider can send in more information in support of your appeal. You can also meet with HUSKY Health representatives if you would like. If you meet with representatives, the meeting can be held over the phone or at a place you can get to easily.

For a regular appeal, HUSKY Health will send you an appeal decision by certified mail no later than 30 calendar days from the date on which the appeal was received by HUSKY Health or DSS. It could also be by the date of the scheduled administrative hearing (whichever is sooner). If you are not happy with the decision, or if a decision is not made by the time of the scheduled DSS administrative hearing, you may go on to the administrative hearing.

At the administrative hearing, you can explain why you do not agree with the decision. You will meet with a Hearing Officer from DSS, a representative from HUSKY Health, and someone from DSS. The hearing is held at a DSS office near where you live. You can present more information and you can be represented by a person of your choice, including a lawyer. If you choose a lawyer, please notify HUSKY Health and/or the Administrative Hearings Office at DSS.

HUSKY Health will send you a hearing overview, which is a summary of the appeal issue. It will be sent to you at least 5 days before the administrative hearing. It will also be presented at the administrative hearing. The Hearing Officer will listen to all of the information and then send you a decision in writing. HUSKY Health will go along with the decision.

You may want to cancel your request for an administrative hearing. You can do this at any time by calling the Administrative Hearings Office. The phone number is 1.800.462.0134.

If you do not attend the administrative hearing and you didn't ask to have it rescheduled, DSS may dismiss your appeal and the HUSKY Health decision will stay in place.

### ***Expedited (Rushed) Review***

Normally, an appeal decision is made within 30 calendar days. However, if that time frame threatens your life, health, or ability to regain maximum functioning, you or your provider can ask for an expedited (rushed) appeal. This means that the appeal and administrative hearing decisions will be made faster than the timeframes talked about above.

The HUSKY Health program will decide within 1 business day if the appeal will be rushed. If your health and safety are not at direct risk, HUSKY Health will make the decision within the usual 30 calendar days. If the appeal is rushed, an appeal decision will be made within 72 hours. You can ask to send more information, or to speak with the decision maker(s). The rushed decision will be made in the shortest time possible. The decision will be made no longer than 5 days from the day that the appeal was accepted as rushed.

## **MEMBER SATISFACTION SURVEY**

As part of its Quality Management Program, the HUSKY Health program works with a company to do a yearly member satisfaction survey. Members asked to take the survey are picked at random. You may be asked for your opinion. If you are, please answer all the questions and return the survey as instructed. You may also get a phone call asking you survey questions. When you call into Member Engagement Services you may be asked if you would like to take a short survey. All information is private and HUSKY Health does not know which members answered the questions. The information we get from the survey is used to make changes that help us improve member satisfaction. Your answers are very important to us. They help us improve your experience. Your answers will not change your eligibility for the program.

## **RENEWALS FOR HUSKY C MEMBERS**

If you are a HUSKY C member, DSS will send you a renewal packet. This packet will include a renewal form and return envelope. You will get your renewal packet 60 days before the end of your eligibility year (12-month period). It is important that you return your renewal application right away, so you do not lose coverage. DSS will go over your finished renewal application. Your coverage will keep going if you are still eligible. Your coverage will end if you are not.

To make sure you get your renewal packet, please call the DSS Client Information Line and Benefits Center at 1.855.626.6632 if you change your address. You can find a list of DSS Field offices on **page 2** of this handbook.

## **RENEWALS FOR HUSKY A AND D MEMBERS**

Access Health CT, in partnership with DSS, will send HUSKY A and HUSKY D members a renewal form to complete. They will also include the return envelope. These are the following options to complete your renewal:

- You can go online to Access Health CT, [www.accesshealthct.com](http://www.accesshealthct.com). This is the quickest way to renew and get an immediate eligibility decision
- You may complete your renewal by calling Access Health CT at 1.855.805.4325
- You may mail the renewal form using the envelope sent to you
- You may visit any of the DSS Field offices for assistance

DSS will attempt to validate your eligibility using available electronic data sources. If DSS is able to verify your information, you will receive up to another year of eligibility. You will receive a confirmation letter. You will receive a pre-populated renewal form to complete if DSS was not able to validate the information, or you may call Access Health CT at 1.855.805.4325 to have someone help you.

Some members may receive a blank renewal form if they have not received an eligibility determination through the Access Health CT system.

## **HUSKY HEALTH IS HERE FOR YOU**

As a HUSKY Health plan member, your health, well-being, and access to care are very important to us. This Handbook is your guide to the services HUSKY Health provides to you and whom to contact if you have questions or need help. Our goal is to make sure that you receive the healthcare you need, when you need it. We are always here to help. HUSKY Health Member Engagement Services is available to you Monday through Friday, 8:00 a.m. to 6:00 p.m. at 1.800.859.9889. Our website is available 24/7. Please visit [www.ct.gov/husky](http://www.ct.gov/husky) where you can find answers to many of your questions and other helpful information to be as healthy as you can be. We look forward to serving you in good health!

## MEMBER BASIC INFORMATION FACT SHEET

For your personal use. Feel free to make copies.  
Please use one Fact Sheet for every member in the household.  
Have ready for caregivers.

Names of Members in Household	Medicaid ID Number	Date of Birth	Age

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### IN CASE OF EMERGENCY CALL:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Police Department Phone Number: \_\_\_\_\_

Fire Department Phone Number: \_\_\_\_\_

Poison Control Phone Number: \_\_\_\_\_

Physician's Name & Phone Number: \_\_\_\_\_

Physician's Name & Phone Number: \_\_\_\_\_

Therapist's Name & Phone Number: \_\_\_\_\_

Health Insurance/Medicaid Information: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Behavioral Health Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Special Instructions:

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